| | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|----|---------------------|------------------------|----|---------------------|------------------------|
| | X\$ 9= | | OR | X\$18= | |
| ł | X39= | | OR | X78= | |
| j, | +130= | | OR | +260= | |
| • | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT, FEE | |

est Available Copy

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

Minus

FORM STOLETS (Rev. 12/99)

Total.

Undependent

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20

[&]quot;"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The Tilighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.